

WAC 246-976-535 Trauma service designation—Basic resources and capabilities.

		LEVELS				
A facility with a designated trauma service must have:		I	II	III	IV	V
(1)	An emergency department, including:	X	X	X	X	
(a)	An area designated for adult and pediatric resuscitation;	X	X	X	X	
(b)	Written standards of care to ensure immediate and appropriate care for adult and pediatric trauma patients;	X	X	X	X	
(c)	A physician director who:	X	X	X		
(i)	Is board-certified in emergency medicine, surgery or other relevant specialty (or for level I, has documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons);	X	X	X		
(ii)	Is ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine or surgery;	X	X	X		
(iii)	Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except that this requirement does not apply to a physician board-certified in pediatric emergency medicine;	X	X	X		
(d)	Physicians who:	X	X	X	X	
(i)	Are board-certified in emergency medicine, or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in care of trauma patients; (level I only - this requirement may be met by a surgical resident postgraduate year two who is ATLS and ACLS trained, has completed the PER as defined in WAC 246-976-886, and is working under the direct supervision of the attending emergency physician, until the arrival of the surgeon to assume leadership of the trauma team);	X	X			
(ii)	Have special competence in resuscitation, care and treatment of trauma patients;	X	X	X	X	
(iii)	Are available within five minutes of patient's arrival in the emergency department;	X	X	X		
(iv)	Are on-call and available within twenty minutes of notification of patient arrival. A physician assistant or advanced registered nurse practitioner who is ACLS and ATLS trained and has completed the PER requirement, may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending physician;				X	
(v)	Are ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine;	X	X	X	X	

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(vi)	Have completed the PER as defined in WAC 246-976-886, except this requirement does not apply to a physician board-certified in pediatric emergency medicine (or emergency medicine for level IV);	X	X	X	X	
(e)	Registered nurses who:	X	X	X	X	
(i)	Are in the emergency department and available within five minutes of patient's arrival;	X	X	X		
(ii)	Are in-house and available within five minutes of notification of patient arrival;				X	
(iii)	Are ACLS trained;	X	X	X	X	
(iv)	Have completed the PER as defined in WAC 246-976-886;	X	X	X	X	
(v)	Have successfully completed a trauma life support course as defined in WAC 246-976-885;	X	X	X	X	
(2)	Emergency care services available twenty-four hours every day with:					X
(a)	An area designated for adult or pediatric resuscitation;					X
(b)	Written standards of care to ensure immediate and appropriate care of adult and pediatric trauma patients;					X
(c)	A physician, physician assistant, or advanced registered nurse practitioner, on-call and available within twenty minutes of notification of team activation, who has ATLS training, except the ATLS requirement does not apply to a physician board-certified in emergency medicine or board-certified in surgery;					X
(3)	Equipment for resuscitation and life support of pediatric and adult trauma patients, including equipment described in WAC 246-976-620;	X	X	X	X	X
(4)	Radiological services, with:	X	X	X	X	
(a)	A radiologist on-call and available within twenty minutes of team leader's request;	X	X			
(b)	A radiologist on-call and available within thirty minutes of team leader's request;			X		
(c)	A technician able to perform routine radiological capabilities:	X	X	X	X	
(i)	Available within five minutes of notification of team activation;	X	X			
(ii)	On-call and available within twenty minutes of notification of team activation;			X	X	
(d)	A technician able to perform computerized tomography:	X	X	X		
(i)	Available within five minutes of team leader's request;	X				
(ii)	On-call and available within twenty minutes of team leader's request;		X	X		
(e)	A technician on-call and available within twenty minutes of team leader's request, able to perform the following:	X	X			
(i)	Angiography of all types;	X	X			
(ii)	Sonography;	X	X			

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(5)	Respiratory therapy available within five minutes of notification of team activation;	X	X			
(6)	Respiratory therapy on-call and available within thirty minutes of notification of team activation;			X		
(7)	Clinical laboratory services, including:	X	X	X	X	
(a)	A clinical laboratory technologist available within five minutes of notification of team activation;	X	X	X		
(b)	A clinical laboratory technologist on-call and available within twenty minutes of notification of team activation;				X	
(c)	Standard analysis of blood, urine, and other body fluids;	X	X	X	X	
(d)	Coagulation studies;	X	X	X	X	
(e)	Blood gases and pH determination;	X	X	X	X	
(f)	Serum and urine osmolality;	X	X			
(g)	Microbiology;	X	X	X		
(h)	Serum alcohol determination;	X	X	X	X	
(i)	Drug or toxicology screening;	X	X	X	X	
(8)	Blood and blood-component services, including:	X	X	X	X	
(a)	Blood and blood components available from in-house or through community services, to meet patient needs;	X	X	X	X	
(b)	Noncrossmatched blood available on patient arrival in the emergency department;	X	X	X	X	
(c)	Ability to obtain blood typing and crossmatching;	X	X	X	X	
(d)	Policies and procedures for massive transfusion;	X	X	X	X	
(e)	Autotransfusion;	X	X	X		
(f)	Blood storage capability;	X	X	X	X	
(9)	A surgery department, including:	X	X	X	X	
(a)	General surgery services, with:	X	X	X		
(i)	An attending, board-certified general surgeon available within five minutes of notification of team activation. A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. In this case the attending surgeon must be available within twenty minutes of notification of team activation;	X				

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(ii)	An attending, board-certified general surgeon on-call and available within twenty minutes of notification of team activation. A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. The attending surgeon must be available within twenty minutes upon notification of team activation;		X			
(iii)	An attending general surgeon, on-call and available within thirty minutes of notification of team activation;			X		
(iv)	All general surgeons (and surgical residents for level I and II) who are responsible for care and treatment of trauma patients must:	X	X	X		
(A)	Be trained in ATLS and ACLS, except this requirement does not apply to a physician board-certified in surgery; and	X	X	X		
(B)	Have completed the PER as defined in WAC 246-976-886; and	X	X	X		
(C)	Have specific delineation of trauma surgery privileges by the medical staff;	X	X	X		
(b)	Surgery services with a general surgeon or physician with specific delineation of surgical privileges by the medical staff for resuscitation, stabilization and treatment of trauma patients. The physician must be:				X	
(i)	On-call and available within thirty minutes of notification of team activation;				X	
(ii)	ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in surgery;				X	
(c)	Neurosurgical services with:	X	X			
(i)	A neurosurgeon:	X	X			
(A)	Available within five minutes of team leader's request. A postgraduate year four or above neurosurgery resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending neurosurgeon. In this case the neurosurgeon must arrive within thirty minutes of team leader's request;	X				
(B)	On-call and available within thirty minutes of team leader's request;		X			
(ii)	Ability to provide acute and ongoing care for acute head and spinal cord injuries;	X	X			
(d)	Ability to resuscitate and stabilize acute head and/or spinal cord injuries;			X	X	
(e)	A neurosurgeon on-call and available within thirty minutes of team leader's request or written transfer guidelines and agreements for head and spinal cord injuries;			X	X	

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A facility with a designated trauma service must have:		I	II	III	IV	V
(f)	The following surgical services on-call and available within thirty minutes as requested by the trauma team leader:	X	X	X		
(i)	Cardiac surgery;	X				
(ii)	Microsurgery;	X				
(iii)	Obstetric surgery (or, for level III, a plan to manage the pregnant trauma patient);	X	X	X		
(iv)	Orthopedic surgery;	X	X			
(v)	Thoracic surgery;	X	X			
(vi)	Urologic surgery;	X	X			
(vii)	Vascular surgery.	X	X			
(g)	The following surgical services on-call for patient consultation or management:	X	X	X		
(i)	Gynecologic surgery;	X	X			
(ii)	Ophthalmic surgery;	X	X			
(iii)	Oral/maxillofacial or otorhinolaryngologic surgery;	X	X			
(iv)	Plastic surgery;	X	X			
(v)	Orthopedic surgery;			X		
(10)	Anesthesiology, with an anesthesiologist (or certified registered nurse anesthetist for level III and IV) who:	X	X	X	X	
(a)	Is available within five minutes of team leader's request;	X				
(b)	Is on-call and available within twenty minutes of team leader's request;		X			
(c)	Is on-call and available within thirty minutes of team leader's request;			X	X	
(d)	Is ACLS trained, except this requirement does not apply to a physician board-certified in anesthesiology;	X	X	X	X	
(e)	Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886;	X	X	X		
(11)	An operating room and a registered nurse or designee responsible for opening and preparing the operating room, available within five minutes of notification of team activation, with:	X	X	X	X	
(a)	Other essential personnel as identified by the trauma service on-call and available within twenty minutes of notification of team activation;	X	X			
(b)	Other essential personnel as identified by the trauma service on-call and available within thirty minutes of notification of team activation;			X	X	
(c)	A written policy providing for mobilization of additional surgical teams for trauma patients; and	X	X	X		
(d)	Instruments and equipment appropriate for pediatric and adult surgery, including equipment described in WAC 246-976-620.	X	X	X	X	

		LEVELS				
A facility with a designated trauma service must have:		I	II	III	IV	V
(12)	A postanesthetic recovery service with:	X	X	X	X	
	(a) At least one registered nurse available twenty-four hours a day;	X				
	(b) At least one registered nurse on-call and available twenty-four hours a day;		X	X	X	
	(c) Nurses ACLS trained;	X	X	X	X	
	(d) Nurses who have completed the PER as defined in WAC 246-976-886; and	X	X	X		
(13)	A critical care service with:	X	X	X		
	(a) A medical director who is:					
	(i) Board-certified in surgery with special competence in critical care;	X				
	(ii) Board-certified in surgery, internal medicine, or anesthesiology, with special competence in critical care;		X	X		
	(iii) Responsible for coordinating with the attending staff for the care of trauma patients;	X	X	X		
	(b) A physician directed code team;	X	X	X		
	(c) Critical care registered nurses with special competence in trauma care, who:	X	X	X		
	(i) Are ACLS trained; and	X	X	X		
	(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;	X	X	X		
	(d) Designation as a pediatric trauma service or written transfer guidelines and agreements for pediatric trauma patients requiring critical care services;	X	X	X		
	(e) Equipment as described in WAC 246-976-620;	X	X	X		
(14)	A critical care service which meets requirements for a level III trauma service, if critical care services are included in your written scope of trauma service, or written transfer guidelines and agreements for trauma patients requiring critical care services;				X	
(15)	Acute dialysis capability, or written transfer agreements for dialysis services;	X	X	X	X	
(16)	The following services on-call and available for patient consultation or management during the in-patient stay:	X	X	X		
	(a) Cardiology;	X	X			
	(b) Gastroenterology;	X	X			
	(c) Hematology;	X	X			
	(d) Infectious disease specialists;	X	X			
	(e) Internal medicine;	X	X	X		
	(f) Nephrology;	X	X			
	(g) Neurology;	X	X			

		LEVELS				
A facility with a designated trauma service must have:		I	II	III	IV	V
(h)	Pathology;	X	X	X		
(i)	Pediatrics;	X	X			
(j)	Pulmonology;	X	X			
(k)	Psychiatry or care plan for trauma patients requiring psychiatric management;	X	X			
(17)	Written policy and procedures for access to ancillary services for in-patient care, including:	X	X	X	X	
(a)	Chemical dependency services;	X	X	X		
(b)	Child and adult protection services;	X	X	X	X	
(c)	Clergy or pastoral care;	X	X	X	X	
(d)	Nutritionist services;	X	X	X	X	
(e)	Pharmacy services, with pharmacist in-house;	X				
(f)	Pharmacy services;		X	X	X	
(g)	Occupational therapy services;	X	X	X		
(h)	Physical therapy services;	X	X	X	X	
(i)	Speech therapy services;	X	X	X		
(j)	Social services;	X	X	X	X	
(k)	Psychological services;	X	X	X		
(18)	Ability to resuscitate and stabilize burn patients;	X	X	X	X	X
(19)	A physician directed burn unit staffed by nursing personnel trained in burn care and equipped to care for extensively burned patients; or written transfer guidelines and agreements in accordance with the guidelines of the American Burn Association;	X	X	X	X	X
(20)	A trauma rehabilitation coordinator to facilitate the trauma patient's access to rehabilitation services;	X	X	X		
(21)	A designated trauma rehabilitation service; or written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.	X	X	X		